

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
05/04/2006PRODUCER (812)478-6000 FAX (812)478-6001
ONB Insurance Group, Inc.
999 Ohio Street
PO Box 1488
Terre Haute, IN 47808 **Revised 7/3/06**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.INSURED
HCE QualityQuest
11811 North Tatum Boulevard, Ste. 3055
Phoenix, AZ 85028-1637

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Zurich Insurance Services

INSURER B: Liberty Mutual

INSURER C: Homeland Ins. Comp. of NY

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PPS34377532	01/21/2006	01/21/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000		
	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PPS34377532	01/21/2006	01/21/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
			A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	PPS34377532	01/21/2006	01/21/2007
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		WCV4153823	01/21/2006	01/21/2007	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	A	OTHER Physical Damage including hired auto		PPS34377532	01/21/2006	01/21/2007	ACV minus deductible Coll. \$500 Comp. \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
C) Professional Liab: MCP-0505-05 10/31/05 - 10/31/06Limit: 1,000,000 ea. claim
2,000,000 agg.

The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees as additional insured with respect to liability arising out of the activities performed by or on behalf of the Contractor.

CERTIFICATE HOLDER

Arizona Health Care Cost Containment System
Contract Number SCC060004
Jamey Schultz, Contract Mgmt Spec.
701 East Jefferson, MD 5700
Phoenix, AZ 85034

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Donald Scott/KSB

DO NOT SEND TO IRS

Vendor MUST Print
or Type informationSTATE OF ARIZONA
SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

☒ Taxpayer Identification Number (TIN) 200324056
 ☒ TIN Type
 ☒ Employer Identification Number (EIN)
 ☒ State of Arizona HRIS EIN
 ☐ Social Security Number (SSN)
 ☐ State of Arizona Employees ONLY

☒ Legal Name
 Must match TIN above

HCE QualityQuest

☒ Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)
☐ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☐ PLLC, LLC (5C)
☐ Individual/Sole Proprietor (6I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
☒ Tax-exempt organization under IRC §501 (50)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax reportable entity (5P)

☒ Minority Business Indicator Select one of the following

- ☐ Small Business (01)
☐ Small Business- African American (23)
☐ Small Business- Asian (24)
☐ Small Business - Hispanic (25)
☐ Small Business- Native American (27)
☐ Small Business- Other Minority (05)
☐ Small, Woman Owned Business (06)
☐ Small, Woman Owned Business- African American (29)
☐ Small, Woman Owned Business- Asian (30)
☐ Small, Woman Owned Business- Hispanic (31)
☐ Small, Woman Owned Business- Native American (33)
☐ Small, Woman Owned Business- Other Minority (11)
☐ Woman Owned Business (03)
☐ Woman Owned Business- African American (17)
☐ Woman Owned Business- Asian (18)
☐ Woman Owned Business- Hispanic (19)
☐ Woman Owned Business- Native American (21)
☐ Woman Owned Business- Other Minority (08)
☐ Minority Owned Business- African American (04)
☐ Minority Owned Business- Asian (32)
☐ Minority Owned Business- Hispanic (74)
☐ Minority Owned Business- Native American (15)
☐ Minority Owned Business- Other Minority (02)
☐ Non-Profit, IRC §501(c) (88)
☒ Non-Small, Non-Minority or Non-Woman Owned Business (00)

☒ Main Address Where tax information and general correspondence is to be mailed

DBA/Branch/Location HCE Quality Quest

Address 11811 North Tatum Boulevard

Address continued Suite 3055

City Phoenix State AZ-ARIZONA Zip code 85028-1637

☒ Remit to Address ☐ Same as Main

DBA/Branch/Location Health Care Excel, Incorporated

Address 2901 Ohio Boulevard

Address continued Suite 112

City Terre Haute State IN-INDIANA Zip code 47803

☒ Contact Information

Name Sharon Smith, Chief Executive Officer

Phone # (317) 347-4568

EXT

Fax (317) 347-4567

email ssmith@hce.org

☒ Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature 

Title Ctr. Dir., Ctr. for Accting. and Fin. Ops.

Date 06/05/2006

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

Vendor Number MC Processed by Date Processed